

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) For Our Future			FEC IDENTIFICATION NUMBER ▼ C C00620971	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Asian Journal Publications			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2016	
Mailing Address 3700 W Desert Inn Rd Ste A			Amount 1800.00	
City State Zip Code Las Vegas NV 89102-8377		Transaction ID : VSG8M9TB7B8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2016		
Purpose of Expenditure Print Advertising		Category/ Type 004		
Name of Federal Candidate HECK, JOE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		175032.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Asian Journal Publications			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2016	
Mailing Address 3700 W Desert Inn Rd Ste A			Amount 200.00	
City State Zip Code Las Vegas NV 89102-8377		Transaction ID : VSG8M9TB7C6 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2016		
Purpose of Expenditure Print Advertising		Category/ Type 004		
Name of Federal Candidate TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		2763989.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Bidel-Niyat, Shirin, , ,</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2016